COUNCIL COMMUNICATION

AGENDA TITLE:	: Communications (March 14, 1996 - March 27, 1996)
MEETING DATE	: April 3, 1996
PREPARED BY:	City Clerk
RECOMMENDE	D ACTION: No action - information only.
BACKGROUND	INFORMATION: A copy of an application for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:
	don J. Strapp to Ali M. Ahmad, Don's Dandy Mart, 20 West Turner Road, Lodi, Off-Sale Beer and ne, Person to Person Transfer; and
	gelina Foods to John Anagnos, Angelina's, 1420 West Kettleman Lane Suites L & M, Lodi, On-Sale eneral Eating Place, Person to Person Transfer.
	Road is zoned PD(17), Planned District 17, and 1420 West Kettleman Lane is zoned PD(15), Planned be zonings are appropriate for these types of Alcoholic Beverage Control licenses.
FUNDING:	None required.
	Jennifer M. Perrin City Clerk
Attachments	
APPR	COVED:

H. Dixon Flynn -- City Manager



RECEIVEN

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

Department of Alcoholic Beverage Control 31 East Channel Street, Room 168 P.O. Drawer 150 Stockton, CA 95201 (209) 948-7739

DISTRICT SERVING LOCATION:

Name of Business: Location of Business: Number and Street City, State Zip Code

County

Is premise inside city limits?

If premise licensed: Type of license

Transferor's names/license:

File Number..........318037 Receipt Number......1078492 Geographical Code.....3902 Copies Mailed Date 3-15-96 Issued Date

Don's Dandy Mart

20 W TURNER RD A LODI CA 95240 SAN JOAQUIN

STOCKTON

YES

STRAPP LADON J 81384

License Type		Transaction Type	Fee Type	Master	Dup	Date	<u>Fee</u>
1. 20			NA	YES	0	MAR 15,1996	\$50.00:
2. 20	OFF-SALE BEER AND	ANNUAL FEE	NA	YES	O	MAR 15,1996	\$34.00 :
3. NA	NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	MAR 15,1996	\$39.00 :
						TOTAL	\$123.00

Have you ever been convicted of a felony? NO Have you ever violated any provisions of the Alcoholic Beverage Control Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAOUIN

Date MAR 15,1996

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicant or or one of the applicant or application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicants business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

AHMAD ALI MOHAMMAD

ABC 211 (9/93)



APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

Department of Alcoholic Beverage Control

31 East Channel Street, Room 168

P.O. Drawer 150 Stockton, CA 95201

(209) 948-7739

STOCKTON

Name of Business:

Location of Business:

Number and Street City, State Zip Code

DISTRICT SERVING LOCATION:

County

Is premise inside city limits?

Mailing Address:

(If different from

premise address)

If premise licensed: Type of license

Transferor's names/license:

Receipt Number......1078290 Geographical Code......3902 Copies Mailed Date 3-14-96

Issued Date

1420 W KETTLEMAN LN STES L & M

LODI CA 95242 SAN JOAQUIN

YES

1019 INTERLAKEN

LODI CA 95242

ANGELINA FOODS 161869

License Type	Transaction Type	Fee Type	Master	Dup	<u>Date</u>	<u>Fee</u>
2. 47 ON-SALE GENERAL	L P TEMPORARY PERMIT	P40 P40 NA NA	YES YES YES YES	0 0 0	MAR 14,1996 MAR 14,1996 MAR 14,1996 MAR 14,1996	\$1250.00 : \$695.00 : \$100.00 : \$39.00 :
					TOTAL	\$2084.00

Have you ever been convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control Control Act, or regulations of the department pertaining to the Act? NO



Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date MAR 14,1996

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true: (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicants business to be conducted under the hiense(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

ANAGNOS JOHN